

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07560 561

1. PLACE OF DEATH:

County... Somerset
 City or town... Wesley
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 70 yrs.
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md. County... Somerset
 City or town... Wesley
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

William Richard Anderson

3. (b) Social Security Number

4. Sex

M.

5. Color or race

C.

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

as Minnie Mae Anderson

7. Birth date of

deceased (mo., day, yr.)

June 6, 1878

6. (c) If alive, give age

63 years

8. AGE:

Years

Months

Days

If less than one day

70018

hrs.

min.

9. Birthplace

Hopewell, Somerset Co. Md.
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER

12. Name

James Anderson

13. Birthplace

N. Hampton Co. Va.

MOTHER

14. Maiden name

Mary Chulbourne

15. Birthplace

Somerset Co. Md.

16. Informant

Minnie Anderson

Address

Wesley, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

July 18 1948
(month) (day) (year)

Cemetery or crematory

Wesley

Location

Wesley, Md.

18. Funeral director

Charles F. Ward

Address

Marion Sta. Md.

19.

(Date rec'd by registrar)

July 17th 48Nellie Dwyer

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... July 14 1948 at 6:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 8 1948 to July 14 1948and that I last saw him alive on July 13 1948

Immediate cause of death

Cerebral hemorrhage

DURATION

2 days

Due to

arterio-sclerosis, cerebral

Due to

Other conditions

aortitishemiplegia, etc.
(Include pregnancy within months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

C. G. Rawley M.D.

M. D. or other

Address

Crisfield, Md.Date signed 75

RECEIVED

JUL 26 1948

BUREAU Y. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07561 361

1. PLACE OF DEATH:

County SomersetCity or town Weston
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 40

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County SomersetCity or town Weston
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

Josephine Ballard

3. (b) Social Security Number

4. Sex

Female

5. Color or race

col.

6. (a) Single, married, widowed, or divorced

Married8. (b) Name of husband William Ballard

7. Birth date of

deceased (mo., day, yr.)

Aug 8 - 18836. (c) If alive, give age 70 years

8. AGE:

Years

Months

Days

If less than one day

641114

hrs.

min.

9. Birthplace Prossersco Somerset Co Md

(Town, county, and state)

10. Usual occupation House work

11. Industry or business

FATHER

12. Name

Louis Williams

13. Birthplace

Prossersco Somerset Co

MOTHER

14. Maiden name

Elizabeth Johnson

15. Birthplace

Prossersco Somerset Co

16. Informant

William Ballard

Address

Westonmd

17.

(Burial, cremation, or removal. Which?)

Date thereof

July 25 - 1948

Cemetery or crematory

Cottage Grove

Location

Westonmd

18. Funeral director

Charles H Ward

Address

Marionmd

19.

(Date rec'd by registrar)

July 24 - 4819Ellie Dwyer

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1948 at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19 and that I last saw h. alive on 19

Immediate cause of death

Acute heart disease

DURATION

Due to

Due to

Other conditions

Chronic Nephritis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(County)

(State)

Injured at home, farm, industrial, or public place (where?)

Means of injury

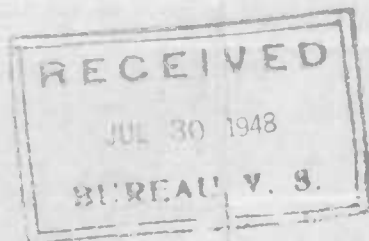
Injured at work?

23. SIGNATURE

Harold M. Lenczford M.D.

M. D. or other

Address Princess Anne, Maryland Date signed 7/22/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:

County SomersetCity or town Kingston

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Kingston

(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

Josephine Mildred Barnes

3.(b) Social Security Number

4. Sex Female5. Color or race White6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Enoch Barnes6.(c) If alive, give age 70 years7. Birth date of deceased (mo., day, yr.) March 20, 18938. AGE: Years 55 Months 4 Days 2 If less than one day _____ hrs. _____ min.9. Birthplace Pocomoke City-Worcester-Md.
(Town, county, and state)10. Usual occupation House wife

11. Industry or business

12. Name John Lambertson13. Birthplace Pocomoke City, Maryland14. Maiden name Linda Bard15. Birthplace Pocomoke City, Maryland16. Informant Mr. Enoch BarnesAddress Kingston, Maryland17. Burial Date thereof July 24, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rehobeth Presbyterian CemeteryLocation Rehobeth, Maryland18. Funeral director H. Harvey BradshawAddress Crisfield, Maryland19. July 24th 1948 Nellie Dryden

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1948 at 10:00 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 26 1948 to July 22 1948and that I last saw him alive on July 22 1948Immediate cause of death CoronaryThrombosis

DURATION

12 hoursDue to Coronary SclerosisDue to Myocardial infarction andarteriosclerotic heart disease 2 years

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE Frank Mathis MD

M. D. or other _____

Address Princess Anne Date signed 7/23/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Incomplete information is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07563
Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset
City or town Mt Vernon - Fr. Anne
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Princess Anne Md. County SomersetCity or town Princess Anne
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

G. Arnold Blom

3. (b) Social Security Number

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Evelyn Blom7. Birth date of deceased (mo., day, yr.) November 19, 1867 8. (c) If alive, give age _____ years8. AGE: 81 Years _____ Months _____ Days _____ It less than one day _____ hrs. _____ min.9. Birthplace Abo, Finland
(Town, county, and state)10. Usual occupation Retired11. Industry or business Sea Captain12. Name Unknown13. Birthplace Unknown14. Maiden name Unknown15. Birthplace Unknown16. Informant Mrs. Pearl BlomAddress Princess Anne, Md.17. Burial Date thereof July 5, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Asbury MethodistLocation Mt Vernon Md.18. Funeral director Dale WashfieldAddress Princess Anne, Md.19. 7/7 P. R. Phelan, M.D.
(Date rec'd by registrar) (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6th 1948 at 8⁴⁵ P. M.21. I CERTIFY that death occurred on the date above stated, that I attended deceased from July 5th 1948 to July 6th 1948 and that I last saw him alive on July 6th 1948Immediate cause of death Cerebral Hemorrhage DURATION 3 daysDue to Hypertension Stroke

Due to _____

Other conditions Dehydration 2 days

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Thos. B. Whaley, M.D. M. D. or other _____Address Princess Anne Date signed 7/7/48

RECEIVED

JUL 8 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of
A G E shown on:

FILM No. G 117 AUG 30 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 0756260

1. PLACE OF DEATH:

County Somerset

City or town Upper Hill
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED

(For newborn infants give residence of mother)

State MD. County Somerset

City or town Upper Hill
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

Lydia Russell Watkins Bowser

3. (b) Social Security Number

4. Sex Female

5. Color or race Col.

6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) Aug. 5, 1852

6. (c) If alive, give age _____ years

8. AGE: Years 95 Months 96 Days 11 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

12. Name Bowser Bowser

13. Birthplace Baltimore, Md.

14. Maiden name Mary Anne Boggs

15. Birthplace Upper Hill, Md.

16. Informant Marrie Jackson

Address Upper Hill, Md.

17. Burial Date thereof July 28, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Upper Hill St. Andrew

Location Upper Hill, Maryland

18. Funeral director Norma J. Ward

Address Maison St., Md.

19. 7/27 48 R. F. Johnson, Md.
(Date rec'd by registrar) (year) (month) (day) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25, 1948 at 6:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15, 1940 to July 25, 1948

and that I last saw h.l.r. alive on July 20, 1948

Immediate cause of death _____

Due to Sarcoma of Right -

Parotid Gland

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

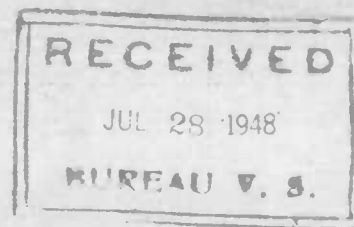
Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE Eldon G. Mawman

M. D. or other _____

Address Pinocess Ave, Md. Date signed 7-27-48



6:30 P.M.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The total age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

07565265
Reg. Dist. No.

1. PLACE OF DEATH:

County... **Somerset**
 City or town... **Crisfield**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... **Life time**
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?...

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... **Maryland** County... **Somerset**
 City or town... **Crisfield**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... **Wards Crossing**
 (If rural, give LOCATION)
 2. (a) If veteran, name war...

3. (a) FULL NAME

CORA LEE CULLEN

3. (b) Social Security Number

None

4. Sex... **Female** 5. Color or race... **White** 6. (a) Single, married, widowed, or divorced... **Widowed**

6. (b) Name of husband or wife... **Joseph Cullen**

7. Birth date of deceased (mo., day, yr.)... **April 30, 1870** 6. (c) If alive, give age... years

8. AGE: Years... **78** Months... **2** Days... **1** If less than one day... hrs. min.

9. Birthplace... **Crisfield-Somerset-Maryland**
(Town, county, and state)10. Usual occupation... **House wife**

11. Industry or business

12. Name... **Jasper Lawson**13. Birthplace... **Crisfield, Maryland**14. Maiden name... **Rita Lawson**15. Birthplace... **Crisfield, Maryland**16. Informant... **Mrs. Lillian Dixon**Address... **Crisfield, Maryland**

17. Burial... Date thereof... **July 4, 1948**
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... **Nelson Cemetery**Location... **RURAL, Crisfield, Maryland**18. Funeral director... **John A. Bradshaw**Address... **Crisfield, Maryland**

19. **July 3** 19 **48** **Janice E. Spivey**
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... **July 1** 19 **48** at **12:45 P.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **January 1948** to **July 1** 19 **48**
 and that I last saw him alive on **July 1** 19 **48**

Immediate cause of death... **Arteriosclerosis**
 DURATION... **6 yrs.**

Due to... **Bronchitis**

Due to...

Other conditions...

(Include pregnancy within 8 months of death)

Major findings of operations...

Date of op. ...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of ...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... **S. M. Peyton M.D.**
 M. D. or other

Address... **Crisfield, Md.** Date signed... **July 3, 1948**

RECEIVED

JUL 8 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:

County SomersetCity or town Princess Anne Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County SomersetCity or town R.F.D.
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Marchie Albert Culver

3. (b) Social Security Number

4. Sex Male5. Color or race white6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Ella Ruark Culver6. (c) If alive, give age 74 years7. Birth date of deceased (mo., day, yr.) March 23, 18758. AGE: Years 73 Months 3 Days 21 If less than one day

hrs. min.

9. Birthplace East Princess Anne, Somerset Md.
(Town, county, and state)10. Usual occupation Railroad man11. Industry or business Crossing Watchman12. Name George Albert Culver13. Birthplace Delaware14. Maiden name Lita Adeline Miller15. Birthplace Princess Anne Md.16. Informant Mrs. Virgil MarinerAddress Princess Anne Md.17. Burial Date thereof July 16, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Presbyterian CemeteryLocation Princess Anne Md.18. Funeral director Dale DashiellAddress Princess Anne Md.19. (Date rec'd by registrar) 19 Registrar R.H. Johnson

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14, 1948 at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to 19.....

and that I last saw him alive on 19.....

Immediate cause of death Artificial Salivary DURATIONwith Kidney Complications

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

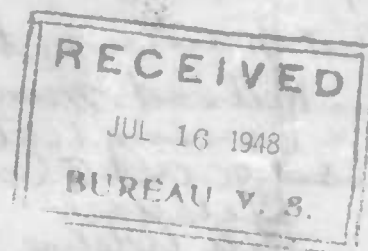
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE T. Smith M. D. or otherAddress Princess Anne Md. July 14-48

1946-~~11~~-~~14~~ 44
73-3-23
1878-3-21



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County SomersetCity or town Princess Anne Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all lifeHospital, institution, or street address where death occurred: not availableHow long in hospital or institution? not available

3. (a) FULL NAME

Thomas Leubford

3. (b) Social Security Number

4. Sex Male 5. Color or race Col. 6. (a) Single, married, widowed, or divorced Single6. (b) Name of husband or wife None7. Birth date of deceased (mo., day, yr.) abt 1906 6. (c) If alive, give age None years8. AGE: Years 42 Months 0 Days 0 If less than one day 0 hrs. 0 min.9. Birthplace Bryansford Md (Town, county, and state)10. Usual occupation Labourer11. Industry or business Shipyard12. Name Walter Jackson13. Birthplace Princess Anne Md14. Maiden name Walter Jackson15. Birthplace Maryland16. Informant Walter JacksonAddress Princess Anne Md17. (Burial, cremation, or removal. Which?) Burial Date thereof 7-20-48 (month) (day) (year)Cemetery or crematory John WesleyLocation Princess Anne, Md18. Funeral director William A. James JrAddress Princess Anne, Md19. 2/30 48 R. B. Johnson, Jr. Registrar

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Princess AnneCity or town Princess Anne (If outside city or town limits, write RURAL and give nearest town)Street No. 100 (If rural, give LOCATION)2. (a) If veteran, name War None

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 19 48 at 1 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19and that I last saw him live on 19Immediate cause of death Concussion & hemorrhageDue to gunDue to gunOther conditions None

(Include pregnancy within 3 months of death)

Major findings of AutopsyPHYSICIAN: None Describe the cause to which death should be charged statistically.22. Violence Death was due to external causes, fill in the following: 7/17/48Accident, suicide, or homicide Homicide Date of 7/17/48Where did it occur? Princess Anne Md (City or town) (State)Injured at home, farm, industry, public place (where?) Public placeMeans of injury shot Injured at work? None23. SIGNATURE Walter Jackson M. D. or otherAddress Princess Anne Md Date signed 7/20/48

RECEIVED

JUL 31 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County..... Somerset
 City or town..... Longfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Life
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... MD County..... Somerset
 City or town..... Longfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... R. F. D. 2
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... None

3. (a) FULL NAME

Elizabeth A. Long

3. (b) Social Security Number

None

4. Sex..... Female 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Widow
 6. (b) Name of husband or wife..... Charles E.
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... June 22, 1863
 8. AGE: Years..... 85 Months..... 1 Days..... 8 If less than one day..... hrs. min.

9. Birthplace..... Somerset, Md.
 (Town, county, and state)
 10. Usual occupation..... Housewife
 11. Industry or business..... None
 12. Name..... Thomas A. Miles
 13. Birthplace..... MD
 14. Maiden name..... Elizabeth A. Long
 15. Birthplace..... MD

16. Informant..... John Long
 Address..... Longfield, MD
 17. Burial (Burial, cremation, or removal. Which?) Date thereof..... 8/1/48
 (month) (day) (year)
 Cemetery or crematory..... St. Peter's
 Location..... Longfield, MD
 18. Funeral director..... William J. Livingston
 Address..... Longfield, MD
 19. July 30, 1948 (Date read by registrar) Nellie Dryden Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 30 19..... 48 at..... 3:45 P. M.
 21. CERTIFY that death occurred on the date above stated; that I attended deceased from
July 30 19..... 48 to..... July 30 19..... 48
 and that I last saw her alive on..... July 30 19..... 48

Immediate cause of death..... Acute Die Heart
 Due to..... Chronic Int. Myocarditis
 Due to..... Chronic Myocarditis
 Other conditions..... General Arteriosclerosis
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of
 Where did injury occur?..... (City or town)..... (County)..... (State).....
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?.....

23. SIGNATURE..... Surgeon General M. D. or other
 Address..... Surgeon MD Date signed..... 7.31.48

RECEIVED

AUG 4 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1860

07569

265

Reg. Dist. No.

1. PLACE OF DEATH:

County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 7 days
Hospital, institution, or street address where death occurred:
McCready Memorial Hospital
How long in hospital or institution? 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
City or town Marion Station
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

BELLE TILGHMAN MADDOX

3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife John W. Maddox
7. Birth date of deceased (mo., day, yr.) December 31, 1869
6. (c) If alive, give age 80 years
8. AGE: Years 78 Months 6 Days 27 If less than one day _____ hrs. _____ min.

9. Birthplace Dublin District-Somerset-Md.
(Town, county, and state)
10. Usual occupation Housewife

11. Industry or business

12. Name William Tilghman
13. Birthplace Worcester County, Maryland
14. Maiden name Mary Powell
15. Birthplace Somerset County, Maryland
16. Informant Miss Myrtle Derrickson
Address Odessa, Delaware

17. Burial Date thereof July 31, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory St. Paul's Cemetery
Location Marion Station, Md.

18. Funeral director H. Harvey Bradshaw
Address Crisfield, Maryland

19. July 30, 48 Nellie Dryden
(Date rec'd by registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28, 1948
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1, 1948 to July 28, 1948
and that I last saw her alive on July 28, 1948

Immediate cause of death Heart & 2nd Hunt
Arteriosclerosis
Due to Chronic heart disease
Chronic myocardial
Due to _____
Other conditions that she fell July 28 48
(Include pregnancy within 8 months of death)

Major findings of operations none
Date of op. _____
Autopsy results no
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide acc Date of 7/28/48
Where did injury occur? _____
(City or town) (County) (State)
Injured at home, farm, industry, public place (where)? Home
Means of injury Fall Injured at work?

23. SIGNATURE George B. Coulburn M.D.
M. D. or other _____
Address Marion Station Md Date signed July 30-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 4 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:

County Somerset
City or town Rural - Westover
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Rural - Westover
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Nora Lee Marshall

3. (b) Social Security Number

4. Sex female 5. Color or race white 6.(a) Single, married, widowed, or divorced widow
6.(b) Name of husband or wife James H. Marshall
7. Birth date of deceased (mo., day, yr.) October 16, 1876 6.(c) If alive, give age _____ years
8. AGE: Years 71 Months 9 Days 1 It less than one day _____ hrs. _____ min.
9. Birthplace Stewart, Virginia
(Town, county, and state)
10. Usual occupation House-wife
11. Industry or business

12. Name Robert Reed Clark
13. Birthplace Winston Salem N.C.
14. Maiden name Milenda E. Fretwell
15. Birthplace Stewart - Virginia

16. Informant Fred Marshall
Address Marion Station, Maryland

17. Burial Date thereof July 18, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Bunny Ridge
Location Crisfield, Maryland
18. Funeral director Hubbard & Livingston
Address 306 Main St. Crisfield, Md.

19. July 19th 48 19 48 Nellie Snyder
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 19 48 at 1:45 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 19 44, to July 17 19 48, and that I last saw him alive on June 17 19 48.
Immediate cause of death Acute Dec 7 Heart
failure
Due to Chronic myocardial
infarction
Due to Arteriosclerosis
of the coronary arteries
Other conditions present
(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE George E. Challen M.D. M. D. or other
Address Marion St. Md. Date signed July 18, 48

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. This correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 26 1948

BUREAU V. 8.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1316

07571

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset
 City or town Princess Anne
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 years
 Hospital, institution, or street address where death occurred:
Oak Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md. County Somerset
 City or town Princess Anne
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Oak St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Audie Roe Nichols

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Olivia Nichols

7. Birth date of deceased (mo., day, yr.) Oct. 5, 1890
 6. (c) If alive, give age 58 years

8. AGE: Years 57 Months 9 Days 1 If less than one day
hrs.min.

9. Birthplace North Carolina
(Town, county, and state)10. Usual occupation R. F. D. Carrier, Rtd.

11. Industry or business

12. Name Wm. A. Nichols13. Birthplace D. C.14. Maiden name Elvira Nichols15. Birthplace N. C.16. Informant Mrs. Audie NicholsAddress Oak St., Princess Anne Md.17. Burial Date thereof July 8, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Manokin Presbyterian CemeteryLocation Princess Anne, Md.18. Funeral director Wilson Funeral HomeAddress Princess Anne, Md.19. 7/7 48 R. H. Johnson, M.D.
(Date rec'd by registrar) (Year) (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1948, at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
March 25 1946, to July 6 1948
 and that I last saw him alive on July 6 1948

Immediate cause of death Cerebral Hemorrhage
 Due to hypertension
 Due to

Other conditions Ch. Myocarditis
Ch. Nephritis
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide
 Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE Thos. B. Whaley, M.D.
 Address Princess Anne Date signed 7/7/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

RECEIVED

JUL 8 1948

BUREAU Y. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County... Somerset
 City or town... Lansfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? life
 Hospital, institution, or street address where death occurred:
m: already Memorial
 How long in hospital or institution? 3 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... md County... Somerset
 City or town... Lansfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... Maryland Ave
 (If rural, give LOCATION)
 2.(a) If veteran, name war... none

3. (a) FULL NAME

Laura Virginia Riggui

3. (b) Social Security Number

none

4. Sex... Female 5. Color or race... White 6. (a) Single, married, widowed, or divorced... Widow
 6.(b) Name of husband or wife... George L Riggui
 7. Birth date of deceased (mo., day, yr.)... January 22, 1859
 8. AGE: Years... 89 Months... 6 Days... 1 If less than one day... hrs... min...

9. Birthplace... Maryland
 (Town, county, and state)
 10. Usual occupation... Housewife
 11. Industry or business... Home
 12. Name... George J. J. Riggui
 13. Birthplace... md
 14. Maiden name... Mary M. Riggui
 15. Birthplace... md

16. Informant... Agnes Sterling
 Address... Lansfield, md
 17. Burial Date thereof... July 26, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory... Lansfield
 Location... Lansfield, md
 18. Funeral director... Hubbard S. Borington
 Address... Lansfield, md
 19. July 26th 48 Date rec'd by registrar... Janice E. Spire Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... July 23 1948 at... P
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
April 1 1945 to July 23 1948
 and that I last saw her alive on July 23 1948

Immediate cause of death... Acute Dec 7 Heart
Failure
 Due to... Chronic Arteriosclerosis
 Due to... Chronic Int. Vascular
 Other conditions... Chronic myocarditis

DURATION

2 weeks

(Include pregnancy within 3 months of death)

Major findings of operations...
 Date of op...

Autopsy results...
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide... Date of...
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE... Surgeon General
 M. D. or other
 Address... Maryland Ave Date signed... July 26 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

07573
260

1. PLACE OF DEATH:

County SomersetCity or town Venton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Venton
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Thomas Robinson

3. (b) Social Security Number

4. Sex

male

5. Color or race

col

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Kathie Robinson

7. Birth date of deceased (mo., day, yr.)

Oct. 1948 (date not known)

8. AGE:

77

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Somerset County
(Town, county, and state)

10. Usual occupation

Librarian

11. Industry or business

FATHER

12. Name

Wm. Robinson

13. Birthplace

Somerset County

MOTHER

14. Maiden name

James

15. Birthplace

Somerset

16. Informant

Kathie Robinson

Address

Venton, Md.

17. Burial

BurialDate thereof 8-2-48
(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Grace

Location

Venton, Md.

18. Funeral director

William F. James Jr.

Address

Princess Anne, Md.

19. 8/2

1948

R.D. Johnson

(Date rec'd by registrar)

72 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1948 at 2:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 15 1948 to July 31 1948and that I last saw him alive on July 29 1948

Immediate cause of death

Pulmonary tuberculosis 18 mths

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Edson G. Mawdsen M. D. or otherAddress Princess Anne, Md. Date signed 8-2-48

1877
1948

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AUG 3 1948

BUREAU V. S.

RECEIVED
JUL 20 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County SomersetCity or town Chance
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Emma Wright

4. Sex

Fe.

5. Color or race

Col.

6. (a) Single, married, widowed, or divorced

Married8. (b) Name of husband Refus Wright7. Birth date of deceased (mo., day, yr.) Oct. 13, 18978. (c) If alive, give age 59 years8. AGE: Years 50 Months 8 Days 29 If less than one day
hrs. min.9. Birthplace Chance, Somerset Md.
(town, county, and state)10. Usual occupation Housework

11. Industry or business

12. Name Freeman Jones13. Birthplace Chance, Md.14. Maiden name Priscilla Price15. Birthplace Chance16. Informant Medie WrightAddress Chance, Maryland17. Burial Date thereof July 15, 1948
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory ChanceLocation Chance, Md.18. Funeral director Marion J. StarksAddress Marion St., Md.19. 7/15/48 R. E. Johnson, Md.
(Date rec'd by registrar) (month) (day) (year) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County SomersetCity or town Chance
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name War _____

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12, 1948 at 3 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 20, 1948 to July 12, 1948 and that I last saw him alive on July 12, 1948Immediate cause of death Pulmonary Tuberculosis

DURATION

3 weeks

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Frank R. H. H. H.

M. D. or other _____

Address Princess Anne Date signed 7/13/48

RECEIVED

JUL 16 1948

BUREAU V. S.